



A-P/2700
E.D.
#11
6-18-03

Docket No.00169.001451.
Date: June 9, 2003

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES
AND PETITION FOR EXTENSION OF TIME

In re Application of: ALISON JOAN LENNON

Application No.: 09/395,993

For: AUTOMATED IMAGE INTERPRETATION AND RETRIEVAL SYSTEM

Filed: September 15, 1999

Group Art Unit: 2623

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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JUN 16 2003

Technology Center 2000

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated January 8, 2003 of the Primary Examiner finally rejecting claims 1, 3-18, 20-35, 37-52, 54-66, 68-80, and 82-93.

The items checked below are appropriate.

1. ☒ Applicant hereby petitions for a two month extension of time to respond to the final rejection, together with the \$410.00 extension fee under 37 C.F.R. §1.17, is submitted herewith.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 9, 2003
(Date of Deposit)

Lawrence S. Perry
(Name of Attorney for Applicant)

Signature Date of Signature
June 9, 2003

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320.00 OP

2. ☐ A Petition for an additional ____ month extension of time to take further action, together with the \$____ extension fee under 37 C.F.R. §1.17, was filed on ____

3. ☒ Fee \$320.00

☐ Fee \$160.00 (Verified Statement claiming small entity status is enclosed, if not filed previously.)

☒ Enclosed

☐ Not required (fee paid in prior appeal)

☐ Charge to Deposit Account No. 06-1205 (One additional copy of this Notice enclosed herewith)

4. ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 or 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

5. ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 31265

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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In re Application of:

ALISON JOAN LENNON

Appln. No.: 09/395,993

Filed: September 15, 1999

For: AUTOMATED IMAGE INTERPRETATION
AND RETRIEVAL SYSTEM

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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2623, Expedited Procedure
Docket No. 00169.001451

Examiner: Mehrdad Dastouri

Group Art Unit: 2623

June 9, 2003

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 87	MINUS	** 93	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$42 \$84	\$0
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ A check in the amount of \$ 410.00 to cover the Extension fee for response with a two-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 3,865

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
Facsimile: (212) 218-2200